

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/351619

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	(1)			1		
13	(1)			1		
14	(1)					
15	(1)					
16	(1)			1		
17	(1)					
18	(1)					
19	(2)					
20		1				
21	(1)			1		
22	(1)					
23	(1)					
24	(1)					
25	(1)					
26	(1)					
27	(1)			1		
28	(1)			1		
29	(1)			1		
30	(1)			1		
31	(1)			1		
32	(1)			1		
33	(1)			1		
34	(1)			1		
35	(1)			1		
36	(1)			1		
37	(1)			1		
38	(1)			1		
39	(1)			1		
40	(1)	C	C			
41	(1)			1		
42	(1)					
43	(1)					
44	(1)			1		
45	(1)			1		
46	(1)			1		
47	(1)	C	C			
48	(1)			1		
49	(1)					
50	(1)					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		40				
52		40				
53		40				
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	53	←	23	←	24	←
TOTAL CLAIMS	54	████████	24	████████		████████

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Best Available Copy